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## Research paper

# Management of healthy newborns in the delivery room and maternal satisfaction<sup>☆</sup>

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## ABSTRACT

**Introduction:** The first exchanges between a newborn baby and its mother are essential. Any separation can have negative effects on the establishment of the first connections as well as breastfeeding.

**Objective:** To establish the current state of management of healthy newborn babies in the delivery room and assess the reasons for possible separation and the feelings of mothers facing this separation.

**Materials and methods:** Observational descriptive single-center study, made up of two parts: 1/a questionnaire given to the mothers, postpartum; 2/the collection of data concerning the transfer of healthy newborn babies to the nursery.

**Results:** The study took place over a period of 8 weeks. Eighty-five mothers were interviewed. Seventy-two percent of the newborn babies left the delivery room during the first 2 h of life. For 67 %, the duration of skin-to-skin contact was less than 1 h. For 49 %, the main reason was the performance of routine care. The mothers were satisfied with the care provided in the delivery room.

**Conclusion:** Too many healthy newborn babies are separated from their mothers during the first 2 h of life, mainly for routine care. Skin-to-skin contact must be part of the physiological reception of newborn babies in the delivery room. The medical staff and parents must be informed of this aspect and its beneficial effects. It is necessary to reconsider the organization of practices to propose a management system that promotes the establishment of a strong mother–child bond.

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## 1. Introduction

The moment of birth is a sensitive period for all mammals, during which the first connections forming the attachment between the mother and her newborn child are established. Numerous studies with animals and humans have shown the importance of nonseparation between mother and child for the physiological and neurobehavioral development of the newborn and the establishment of the first bonds with the mother [1]. Proximity is the cornerstone of attachment theory concerning the early months of the baby's development and those who raise him [2]. There are, however, many reasons to separate a newborn from the mother in the delivery room. This separation is sometimes necessary for the medical supervision of the newborn,

but it should no longer occur for a delivery without maternal or neonatal complications.

The positive effects of skin-to-skin contact from birth have been well studied over the past 40 years. The method of early and prolonged skin-to-skin contact, or the Kangaroo method, was first reported in the 1970s in Colombia for preterm infants, providing them with better stability, reducing neonatal morbidity and mortality, and providing long-term benefits [3]. Since then, numerous studies and meta-analyses have validated this practice and extended it to the care of healthy newborn babies [4]. Skin-to-skin contact immediately after birth creates better thermal and glycemic control, improves the comfort and quality of the newborn's sleep, has a very positive impact on breastfeeding, and aids the establishment of mother–child bonding, the effects of which persist during the first months of life [5,6]. The evidence has led learned societies (medical associations) [7–9] to include this approach in their recommendations for the management of healthy newborn babies and to establish it as routine care.

This practice, however, is difficult to apply systematically in maternity departments for various reasons: ignorance of the

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caregivers, poorly informed parents, or fear of serious malaise, which has been reported in circumstances of understaffing, and inadequate configuration of the delivery rooms [10–13].

The objective of this study was to document the management of healthy newborns in the delivery room in a type IIB maternity ward: we studied the conditions of and time before skin-to-skin contact, causes of separation between the mother and child, and assessment of the maternal experience in view of this separation.

## 2. Materials and methods

This was a single-center, descriptive, observational study that took place over a period of 8 consecutive weeks during the months of January and February 2015 in a type IIB maternity ward. The patients included mothers and infants who met the following criteria: full-term newborn defined as  $\geq 37$  weeks gestational age, eutrophy  $\geq 10$ th percentile (p), singleton, vaginally born, with good adaptation to ectopic life (no pediatric intervention for any reason in the first 2 h of life), and the absence of meconium in the amniotic fluid.

The study was conducted in two parts: a semidirected interview of the mothers, postpartum, and collection of data concerning the transfer of the newborn from the delivery room to the nursery.

The questionnaire, carried out on the 2nd day postpartum, covered the birth and the immediate postpartum period, and was based on the parents' memories. It included questions about the initiation of skin-to-skin contact with the newborn (information about the skin-to-skin contact and the initial duration), whether or not the child left the delivery room (reason given, duration of separation, mother's feelings), the location of the newborn's first examination, and the mother's overall satisfaction.

The reasons given for the child's release were classified as routine care (weighing, measurement, cleaning, or systematic examination), clinical monitoring of the child (de-obstruction, monitoring of respiratory disability, or poor adaptation), taking a sample (gastric fluid, rhesus factors, blood gas), warming the child, or caring for the mother. The traceability of the child's release was verified in the medical file.

Data collection on the passage of the newborn through the nursery was performed over 11 days (6 consecutive days in January and 5 consecutive days in February). For each passage of a healthy newborn through the nursery, the data sheet was filled out by the delivery room assistant, who recorded the time of birth, times of arrival at and departure from the nursery, and the main reason for transferring the newborn to the nursery. The reasons for leaving the delivery room were classified in the same categories as for the mothers' questionnaire.

The data analyzed are expressed as mean percentages and ranges.

## 3. Results

### 3.1. Mothers' questionnaires

Eighty-five mothers who met the inclusion criteria were interviewed. Their average age was 32 years (20–41). Forty-five (53 %) mothers were primiparous and 40 (47 %) multiparous.

The average term at delivery was 39 weeks + 6 days (37 + 5 to 41 + 5), and the mean birth weight was 3633 g (2300–4305 g).

Births were distributed homogeneously over the 24 h: 41 births (48 %) occurred between 8 am and 8 pm and 44 (52 %) between 8 pm and 8 am.

Fathers were present at delivery in almost all cases ( $n = 81$ , 95 %).

During the study period, the activity in the delivery room was 282 births in January (9/day) and 261 in February (9.3/day). The activity was similar to the average of the year (3426 births in 2015 = 9.3/day).

### 3.1.1. Skin-to-skin contact between newborns and their mothers

All mothers had skin-to-skin contact with their newborn from birth. Fifty-seven mothers (67 %) said they had received information about the importance of skin-to-skin contact before birth (preparation for childbirth, television programs, or personal experience), but most of them had no idea about the importance of the duration of skin-to-skin contact. Eighteen (21 %) said they specifically asked to have skin-to-skin contact with their newborn. The duration of skin-to-skin contact (Fig. 1) was less than 1 h for 50 newborns out of 85 studied (59 %) and less than 15 min for 21 newborns (25 %). Among the 24 newborns out of 85 (28 %) who never left the delivery room, the duration of skin-to-skin contact was less than 1 h for nine of them (37 %).

### 3.1.2. Removal of the newborns from the delivery room

Sixty-one (72 %) of the 85 healthy newborns studied were removed from the delivery room at some time within 2 h of birth. Among these 61 newborns, 41 (67 %) were removed within 1 h of birth and 20 (33 %) were removed within 15 min of birth. The information given to the mothers concerning the removal of their newborns from the delivery room was for routine care for almost half of the newborns and among these newborns, more than half were removed during the 1st h of life (Fig. 2). The duration of separation of the newborns from their mothers was quite short for one-quarter of them (less than 15 min for 15 newborns) but more than 1 h for nine of them (15 %) (Fig. 3). Among the 30 newborns removed for routine care, seven of them (23 %) were returned after 30 min or more of separation.

### 3.1.3. First examination of the newborn

Among the 61 newborns who were removed from the delivery room, 48 (79 %) received their first medical examination by the midwife outside the delivery room (in the nursery). The father was

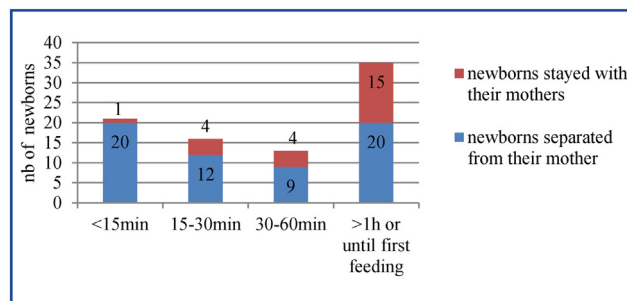


Fig. 1. Initial duration of skin-to-skin contact.

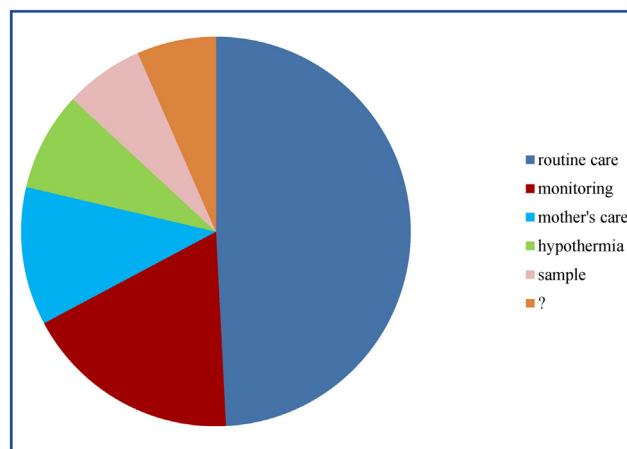


Fig. 2. Reason for removing newborns from delivery room (maternal questionnaire).

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